SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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| 16 | X 17a | 17b | 17c | 17d | 18 |
| 19a | 19b | 20a | 20b | 20c | 21 |

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)
KIMBER MORGAN

Mailing Address 4026 SAINT GERMAINE LANE

City	State	Zip Code
CHARLOTTE	NC	28210-7010

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER BEST EFF(

Occupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
X Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.421652

Date of Receipt
M M 09 / D D 03 / Y Y Y Y 2015

CONTRIBUTION

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MRS. KIM H. MORGAN

Mailing Address 19716 NW 37TH AVE

City	State	Zip Code
STARKE	FL	32091-5292

FEC ID number of contributing federal political committee. C

Name of Employer
STATE OF FLORIDA

Occupation
REGISTERED NURSE

Receipt For: 2016
X Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.285249

Date of Receipt
M M 07 / D D 31 / Y Y Y Y 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS. KIM H. MORGAN

Mailing Address 19716 NW 37TH AVE

City	State	Zip Code
STARKE	FL	32091-5292

FEC ID number of contributing federal political committee. C

Name of Employer
STATE OF FLORIDA

Occupation
REGISTERED NURSE

Receipt For: 2016
X Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17.329738

Date of Receipt
M M 08 / D D 12 / Y Y Y Y 2015

CONTRIBUTION

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)...▶ 350.00

Total This Period (last page this line number only) ....▶

FEC **Schedule A–P (Form 3P)** (Rev. 03/2011)